

**Texas Department of Health (TDH)
Bureau of HIV /STD Prevention**

Prevention Services Review Tool

Date of Visit:

Contractor			
Location			
Period of Contract			
Contract Number			
Name of Contact/Title			
Regional HIV Coordinator			
Field Operations Consultant			
Program Staff Present			
TDH Prevention Funded Staff	Name	Title	FTE
Scopes of Work		Priority Populations	
	Prevention Counseling and Partner Elicitation (PCPE)		
	Prevention Case Management (PCM)		
	Evidence Based Intervention (EBI)		
	Prevention Services for HIV-Infected Persons (PSHIP)		

Part One: General Administration

Indicate if program has met identified requirements using the following ratings:

M=Met PM=Partially Met NM=Not Met NO=Not Observed NE= Not Evaluated NA=Not Applicable

I. Administrative Activities

A. Program Management		
	1.	There is a written plan that identifies specific objectives for the program interventions.
	2.	Program process and outcome objectives are specific, measurable, attainable, realistic, and time-phased (SMART).
	3.	There is evidence (e.g. – quarterly reports, correspondence, TA reports, etc.) that the program has identified and addressed barriers/challenges experienced by clients and staff.
	4.	Program staff meets, at minimum monthly, to address core elements, program objectives, workplans, and progress reports.
	5.	Staff meetings are documented and accessible for review.
	6.	A procedure and protocol manual has been developed to ensure effective delivery of prevention services for all programmatic scopes of work.
	7.	Program has guidelines or policies in place to document and track distribution of tangible reinforcements (incentives).
	8.	An appropriate logic model has been developed (EBI only).
	9.	Program has Request for Proposal (RFP), current prevention contract, budget, objectives, and workplans easily accessible for review.
	10.	Program has policies in place to monitor the performance and contractual compliance of subcontractors.
	11.	There is documentation that the program monitors all subcontractors and staff of subcontractors in accordance with TDH requirements.
	12.	Program is working under the standing delegation order of a licensed practicing physician when providing HIV counseling and testing services as required by the Texas Health and Safety Code, § 85.085. (PCPE Services only)

Comments:

Requirements:

B. Program Performance		
	1.	Program submits accurate and complete quarterly reports on required schedule.
	2.	There is a written procedure for submission of prevention data.
	3.	Program submits prevention data to TDH in a timely manner (e.g. - weekly for outreach logs, following completion of an EBI series, and within 90 days of initial counseling session).
	4.	Program submits a detailed activity monthly calendar by 5 th day of every month to appropriate regional staff.
	5.	Program has a written procedure for timely data entry into Real-Time Education and Counseling Net (RECN) program.
	6.	There is documentation to support that the intervention is consistently implemented with fidelity (EBI only).

Comments:

Requirements:

C. Evaluation		
	1.	The agency follows a written plan for programmatic internal review and evaluation.
	2.	There is a designated staff member responsible for quality assurance activities (e.g. – chart audits, staff/client observation).
	3.	There is regular evaluation of the workplan and progress in meeting objectives. Revisions to the workplan are made with TDH's approval.
	4.	TDH approval for adaptation(s) is obtained prior to implementation. (EBIs only).
	5.	Consumer/customer satisfaction surveys are conducted at least once a year and are available for review.
	6.	There is evidence that customer satisfaction surveys/feedback have resulted in improvements in care and/or services.
	7.	Community assessment is an integral and ongoing part of the intervention (PCM and EBIs).

Comments:

Requirements:

D. Personnel Management		
	1.	Program has current organizational chart that shows the lines of responsibility and authority.
	2.	There is a written job description, including minimum qualifications and performance standards, for each funded position.
	3.	Individuals with appropriate qualifications, training, and experience, occupy all funded positions as required by job descriptions.
	4.	Vacant TDH funded positions are filled within 90 days.
	5.	There is a written procedure for verification of certification/licensure credentials for professional staff, if applicable.
	6.	There is an established procedure for new staff orientation that includes an overview of agency goals, policies, and service delivery systems.
	7.	Prevention funded staff and supervisors complete the TDH required prevention trainings.
	8.	There is documentation of staff development/training activities.
	9.	Staff-monitoring tools are specific for each intervention.
	10.	Client/Staff interactions, including subcontractors, are observed and documented at minimum per TDH requirements (monthly for the 1 st 6 months, bimonthly for months 6-12, quarterly for months 12 and up).
	11.	Chart audits are conducted at minimum monthly and documented.
	12.	All HIV-positive client files are reviewed for proper documentation including partner elicitation activities and appropriate referrals
	13.	Employee or volunteer folder is maintained and includes: Job Description Signed confidentiality statement form Employee orientation form Records security procedures Emergency Notification form Photo of employee Description of vehicle and license plate number

D. Personnel Management

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|-----|--|
| 13. | Employee file contains Staff Development Plan and Performance Guidelines |
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Comments:

Requirements:

II. Client Services

A. Client Recruitment and Referral

- | | |
|-----|---|
| 1. | The program successfully collaborates with other related programs in the community (e.g. – health departments, community-based organizations, substance abuse treatment facilities). |
| 2. | The agency will annually renew and update the written Collaboration Plan Agreement for public health follow-up of HIV/STD positives, partners and other high-risk individuals that is signed by the program managers of agency and local Health Department. |
| 3. | Memorandums of Understanding (MOUs) have been established with collaborating agencies and relevant service providers to ensure availability and access to key services. MOUs must be updated annually at minimum at the programmatic level. |
| 4. | The agency has a protocol and procedure for client recruitment and retention. |
| 5. | Outreach is conducted in appropriate venues for the purpose of client recruitment. |
| 6. | Outreach plans and strategies are developed and adapted as needed. |
| 7. | Staff members document recruitment activities. |
| 8. | There are written procedures in place to provide referral and follow-up for clients. |
| 9. | Client referrals are tracked and documented. |
| 10. | A current list of primary referral agencies is maintained. |

Comments:

Requirements:

B. Service Delivery

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|----|---|
| 1. | The agency or site where services are delivered is geographically accessible to the target population based on community needs assessment(s). |
| 2. | Service delivery hours are convenient for target populations according to feedback obtained from client satisfaction surveys. |
| 3. | Service sites are regularly advertised and promoted so that potential clients will know when and where services are available. |
| 4. | Settings where services are delivered are conducive to the intervention and assure confidentiality. |
| 5. | Program has a written grievance policy posted and made available to clients. |
| 6. | Prevention supplies (condoms, female condoms, bleach kits, smoke kits etc) are provided free of charge with prevention and/or educational messages. |
| 7. | Audio visual and printed materials (non-CDC and non-TDH) have been approved by the Program Materials Review Panel. |
| 8. | Prevention materials, supplies and tangible reinforcements provided are appropriate for the target population(s). |
| 9. | Waiting rooms and/or lobbies have appropriate displays of educational materials (i.e. – culturally |

B. Service Delivery		
		appropriate videos, posters, brochures).

Comments:

Requirements:

C. Client Consent and Confidentiality Issues		
	1.	There are written procedures for confidentiality regarding transportation of client records, including electronic transmission of information; protection and release of client records; client review of records; archiving and destruction of records.
	2.	Client records are maintained in a locked filing cabinet with access limited to only appropriate staff.
	3.	Staff members demonstrate confidentiality and privacy when providing services to clients (e.g. - during registration or counseling services).
	4.	Agency is following TDH retention schedule for client records.

Comments:

Requirements:

Part Two: Specific Prevention Interventions

Is this a PSHIP Contract?		YES		NO
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Indicate if program has met identified requirements using the following ratings:

M=Met PM=Partially Met NM=Not Met NO=Not Observed NE=Not Evaluated NA=Not Applicable

I. Prevention Case Management Services (PCM)

A. PCM Process Objective Chart					
Objective			Goal	Number Reached	% Achieved
	1.	Number of clients that entered prevention case management.			
	2.	Number of Priority Population #1 that entered prevention case management.			
	3.	Number of Priority Population #2 that entered prevention case management.			
	4.	Number of Priority Population #3 that entered prevention case management.			
	5.	Number of clients that attended at least 3 sessions of prevention case management.			
	6.	Number of Priority Population #1 that attended at least 3 sessions of prevention case management.			
	7.	Number of Priority Population #2 that attended at least 3 sessions of prevention case management.			
	8.	Number of Priority Population #3 that attended at least 3 sessions of prevention case management.			

Comments:

Requirements:

B. Administrative Activities		
	1.	Program has developed PCM protocols that reflect current TDH standards.
	2.	Supervisory monitoring of prevention case management files and sessions is documented.

Comments:

Requirements:

C. Prevention Case Management Staff Performance Evaluation as Observed by TDH Staff		
	1.	Delivery of prevention case management services includes:
	a.	recruitment and engagement
	b.	intake and screening
	c.	assessment of client risk behaviors and barriers to prevention
	d.	assessment of client psycho/social needs
	e.	assessment of support and health care services

C. Prevention Case Management Staff Performance Evaluation as Observed by TDH Staff			
		f.	development of a client-centered HIV/STD prevention plan
		g.	HIV/STD risk-reduction client-centered counseling
		h.	coordination of services with active follow-up
		i.	monitoring and reassessing clients' needs and progress
		j.	termination and/or discharge of client from PCM services
	3.	Referrals are appropriate to the client's needs.	
	4.	Appropriate client education is documented and available for review (i.e.- Hep A, B, C, STDs, medication adherence, etc.).	

Comments:

Requirements:

D. Client File Quality Assurance		
	1.	Client identification is listed on all records.
	2.	Appropriate staff members obtain written voluntary consent for program participation. Consent is signed and dated by the client and staff member.
	3.	HIV diagnosis (copy of client's lab report or written verification from physician) is documented in the file (required for PSHIP).
	4.	Prevention case management notes/records are legible and complete.
	5.	Date of client visit or contact, reason for visit/contact and any activities performed are noted in the client file.
	6.	Prevention case manager or staff's signature is on all entries in the client file.
	7.	Timely follow-up on prevention case management activities, including referrals, is documented in the client file.
	8.	There is documentation of a client-centered, HIV/STD risk reduction plan. The plan is signed by the client and periodically updated to reflect progress/setbacks experienced by the client.
	9.	An appropriate logic model has been developed to guide the risk-reduction PCM plan.
	10.	There is evidence of appropriate discharge from PCM services upon attainment and maintenance of risk-reduction goals, or documentation to support client non-compliance with program elements.
	11.	Monitoring for completion of prevention case management services and referrals is documented and available for review.
	12.	For HIV-positive clients, partner elicitation and notification services must be discussed and documented.

Comments:

Requirements:

II. Prevention Counseling and Partner Elicitation (PCPE)

A. PCPE Process Objective Chart					
Objective			Goal	Number Reached	% Achieved
	1.	75% of clients tested for HIV will receive their results.	75%		

A. PCPE Process Objective Chart					
	2.	95% of clients testing HIV-positive will receive their results.	95%		
	3.	95% of clients testing HIV-positive will be successfully linked to Early Intervention.	95%		
	4.	80% of HIV-positive clients will provide at least one partner for Health department notification.	80%		
	5.	90% of pregnant women who test HIV-positive will be referred to pre-natal care.	90%		
	6.	Total number of counseling sessions program will provide			
	7.	Number of sessions provided to Priority Population #1			
	8.	Number of sessions provided to Priority Population #2			
	9.	Number of sessions provided to Priority Population #3			

Comments:

Requirements:

B. Counseling Session Elements provided by Risk Reduction Specialist (RRS) as Observed by TDH Staff		
	1.	Consider the client's culture, language, sex, sexual orientation, age and developmental level.
	2.	Focus on HIV risk-reduction.
	3.	Include an in-depth personalized risk assessment.
	4.	Acknowledge and provide support for positive steps previously made.
	5.	Clarify critical misconceptions.
	6.	Negotiate concrete and achievable behavior changing step(s) that will reduce HIV risk.
	7.	Offer client-centered risk-reduction alternatives instead of directives.
	8.	Provide skill-building opportunities.
	9.	Present the option of HIV testing anonymously or confidentially clearly and without bias.
	10.	Discuss and encourage testing for syphilis (blood draws only)
	11.	Use explicit (i.e. – clear and simple) language when providing prevention information and test results.
	12.	Ensure referrals are made and/or confirmed.

Comments:

Requirements:

C. Client Record Maintenance		
	1.	Risk assessments are documented.
	2.	Risk reduction plans are documented.
	3.	Appropriate staff members obtain written voluntary consent for client who opt to test. Consent is signed and dated by the client and staff member.
	4.	Identifying information is on each piece of paper related to file (e.g. – client code, CDC sticker, etc.).
	5.	Release forms are signed and dated.
	6.	Appropriate referrals are tracked and documented.

C. Client Record Maintenance		
	7.	Data forms are completed accurately for timely data entry.
For clients testing HIV positive:		
	8.	A log/system indicating the original patient and the number of partners to be notified (via Health Department, Client Notification, and Contractual) is maintained.
	9.	TDH spousal elicitation and notification requirements are followed and documented.
	10.	Program proactively solicits status of referrals (results and/or partners) given to health department for notification and shares outcomes with staff.
	11.	All files for HIV positive clients should contain:
	a.	ID number
	b.	race, sex, DOB
	c.	date of results session
	d.	referrals to early intervention programs or other services as needed
	e.	release forms
	f.	Partner Interview Record
	g.	partner referral form with adequate descriptive and locating information
	h.	copy of names reporting form, Form STD-27, submitted to health department or documentation of names reporting via telephone
	12.	Health department referrals are made and documented within 7 days for all HIV positive clients not returning for results.

Comments:

Requirements:

III. Evidence Based Interventions (EBI)

A. Objectives		
	1.	Program is meeting EBI objectives. (Insert EBI Goals and Objectives)

B. Group Component Requirements		
	1.	Assure appropriate group size and fixed group membership.
	2.	Participant attendance is documented.
	3.	Time allotted/used is in agreement with the curriculum.

Comments:

Requirements:

C. Facilitation skills as observed by TDH staff		
	1.	Able to keep the group focused.
	2.	Aware of group dynamics and able to resolve group challenges.
	3.	Encourage group participation and interaction using positive language and pleasant tone.

C. Facilitation skills as observed by TDH staff		
	4.	Address or keep outside interruptions and distractions to a minimum.
	5.	Answer questions simply and clearly.
	6.	Demonstrate a non-judgmental concern for participants.
	7.	Provide correct information without biased views.
	8.	Provide clear and concise instruction to participants.
	9.	Process exercises and videos thoroughly in order to enhance learning and skill acquisition.
	10.	Assure all participants are involved in skill practices and role-plays.
	11.	Demonstrate knowledge of the core elements and learning objectives in the curriculum.
	12.	Adhere to the learning objectives and activities in the curriculum.
	13.	Use visual aids (e.g. – videos, slides, posters, etc.) appropriately.

Comments:

Requirements

D. Outcome Monitoring		
	1.	Program adheres to outcome monitoring activities and objectives as negotiated with TDH.
	2.	Correctly implement the pre/post tests and pre/post skill building activities.
	3.	Document pre/post tests and pre/post skills building activities.

Comments:

Requirements: